POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	all	(090)	
O.I.P.E. CLASSIFIER	, , , , , , , , , , , , , , , , , , , 	- Or other	11/5
FORMALITY REVIEW		1015	11/12/99
714 714 77		6905	12.2-99

INDEX OF CLAIMS

_	RejectedAllowed (Through numeral) CanceledRestricted	N	nce
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÷	Restricted	0
Claim Date	Claim	
	/ 	Date
Original	Final	
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Claim	Date
	Jane Sale
Final Original	
Original	
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If more than 150 claims or 10 actions staple additional sheet here

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